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What Doctors Say in Private About COVID Vaccines

Most doctors don't publicly question COVID vaccines and the pandemic response, but their private exchanges on social media suggest there may be a growing but silent minority of physicians who disagree with official policy yet are unwilling to speak out for fear of retribution

By Madhava Setty, M.D.

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In late 2020, a colleague of mine, board-certified in pulmonology and critical care medicine and who had been on the front lines treating COVID patients, invited me to join a large, private social media group of physicians who had assembled to educate each other in a time of uncertainty.

At the time, I was mystified at the confidence our authorities had in the COVID-19 vaccines' safety and efficacy. Published trial data included only a few months of observation.

In Pfizer's trial of some 40,000 participants, only 10 (page 1, Results) came down with severe COVID.

Do 10 outcomes (9 in the placebo wing and 1 in the vaccine) justify the deployment of this intervention on hundreds of millions of people?

Furthermore, these numbers meant we would have to vaccinate more than 2,500 people to prevent a single case of severe COVID. Because 0.6% of vaccine recipients suffered a serious event, we can expect 15 people to be injured for every severe covid case prevented. A serious adverse event, according to the FDA, is one that includes death, permanent disability and hospitalization. How could this product be authorized for use under any circumstances?

Were other doctors asking the same questions that I was asking? I joined the social media group to find out what other doctors were saying.

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This group has more than 20,000 doctors, each one vetted by the group's administrators. Admission to the group is through invitation by a member only. The members span nearly all specialties of medicine, from rheumatology and pediatric cardiology to ER medicine and infectious disease.

The intent was to share our understanding and personal experiences in order to care for the public more effectively.

The general public's understanding of this complicated threat is rudimentary at best. It's not their fault. They are constantly being bombarded by a relentless stream of messaging that can be summarized like this:

> "COVID-19 is a threat to everyone. The vaccines are extremely safe and effective. Doctors and Scientists are in unanimous agreement. Any medical professional who expresses a different opinion must be part of an extremely small fringe minority."

Every element of this message is factually incorrect, including the idea that doctors have been in complete agreement, more or less, from the very beginning. Their comments to each other tell a different story.

Although we may think the medical establishment is monolithic in its scientific opinion, this is not true.

The majority of medical professionals continue to trust the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) — but there has never been unanimous support, despite what the public is being told.

In my survey of physician exchanges over the last 18 months a pattern has emerged. There has been growing skepticism, which was vehemently attacked from the beginning.

This undoubtedly delayed the formation of a unified minority in opposition to the mainstream narrative.

Another doctor who is a member of this group who, for the purposes of this article wished to be identified only as "a physician with experience treating COVID-19 patients who has been frequently referred to as a community resource on the pathology in my region" summed up his experience with the group as follows:

> "I have been a member of the [physician group on social media] since early in 2020. Early on, this and other groups were extremely useful in sharing information from around the world as we learned how to manage patients suffering with COVID-19.
>
> "I have forged numerous professional relationships and friendships with individuals whom I first met through these groups. I often turned to them first when seeking information, as the rapid progression of literature on the topic made it difficult to stay up to date.
>
> "I soon noticed that all concerns were not treated equally. The group was initially filled with individuals from a variety of different perspectives on early treatment, non-pharmaceutical interventions (such as masks and lockdowns), school closures, and the management of hospital crowding.

> "This rapidly shifted to a situation in which most perspectives weren't welcome. There was no formal censorship per se. Rather, the group tended to follow a linear viewpoint and post literature that specifically supported that viewpoint. Alternative perspectives were slowly whittled away through a combination of peer pressure and moderation.
>
> "It appeared to me that many of those who held different opinions were still present. They would occasionally comment on posts or contact me privately. They did not tend to share literature or start new threads.
>
> "As the pandemic progressed, I became aware of a number of individuals who were personally attacked for holding alternative viewpoints.
>
> "I am aware of multiple threats issued toward members of the group, and I am aware of at least one situation where someone's opinions expressed in that private group ultimately led to a complaint to a state medical board.
>
> "While this sort of thing was rare, it didn't take many instances of individuals having their livelihoods threatened before most dissent just stopped. This had the impact of turning these groups into echo chambers in which only one type of opinion was presented.
>
> "When literature was presented, only one perspective was often expressed. If that literature was supportive of the mainstream approach to Covid, then scientific criticism tended to be sparse. If it opposed that approach, it seemed that the goal of the group was to tear it apart.
>
> "These groups tend to be a primary source of information for a lot of people to this day. One could be forgiven when reading through their social media threads for failing to recognize that alternative viewpoints exist. I will say that there remain individuals who are willing to engage in debate, and there are certainly still people willing to challenge dominant narratives and interpretations of the literature.
>
> "I'd argue that in spite of this, most people do not feel comfortable giving their own genuine interpretations of what they are reading.
>
> "This means that in spite of an initial appearance of objectivity, the end result is often anything but."

The group, as this physician said, evolved into an echo chamber. Initially, it was due to peer pressure and involvement by the moderators.

But threats to physicians' livelihood? Complaints to state medical boards based on opinions expressed on a private group on social media?

Below I have selected actual comments from the group on just a handful of the most pivotal topics.

I don't divulge any information that would reveal the identity of the commenters. I also concede that nothing I share here can be independently verified, including the comments above.

Doctors have been traumatized

Nobody likes to be attacked. However it was shocking to me to see that doctors would resort to personal insults to squelch the opinions of other doctors.

Why was this happening?

Perhaps the biggest reason is that doctors were traumatized by the enormity of the medical disaster that was unfolding during the early spring of 2020.

Here is one of the first posts in this group, offered as a PSA. In it, the physician is sharing personal experiences treating COVID patients at a time when there was no vaccine, no early treatment protocols, limited PPE (Personal Protective Equipment) and absolutely no guidance from the CDC:

> "I am an ER (Emergency Room) MD in XXXX. Every one of my colleagues have now seen several hundred Covid 19 patients and this is what I think I know.
>
> "Clinical course is predictable.
>
> "2-11 days after exposure (day 5 on average) flu-like symptoms start. Common are fever, headache, dry cough, myalgias(back pain), nausea without vomiting, abdominal discomfort with some diarrhea, loss of smell, anorexia, fatigue.
>
> "Day 5 of symptoms — increased SOB, and bilateral viral pneumonia from direct viral damage to lung parenchyma.
>
> "Day 10 — Cytokine storm leading to acute ARDS (Acute Respiratory Distress Syndrome) and multiorgan failure. You can literally watch it happen in a matter of hours.
>
> "81% mild symptoms, 14% severe symptoms requiring hospitalization, 5% critical.
>
> "Patient presentation is varied. Patients are coming in hypoxic (even 75%) without dyspnea. I have seen Covid patients present with encephalopathy, renal failure from dehydration, DKA (Diabetic Ketoacidosis). I have seen the bilateral interstitial pneumonia on the xray of the asymptomatic shoulder dislocation or on the CT's of the (respiratory) asymptomatic polytrauma patient. Essentially if they are in my ER, they have it. Seen three positive flu swabs in 2 weeks and all three had Covid 19 as well. Somehow this [expletive] has told all other disease processes to get out of town."

The clinical picture this doctor painted was dire. Patients who came to his facility for other reasons also had findings consistent with acute COVID infection. He summarized the situation well. It was pretty much all COVID, all the time.

The doctor offered more disturbing information:

> "China reported 15% cardiac involvement. I have seen covid 19 patients present with myocarditis, pericarditis, new onset CHF and new onset atrial fibrillation. I still order a troponin, but no cardiologist will treat, no matter what the number in a suspected Covid 19 patient. Even our non covid 19 STEMIs (S-T segment Elevation Myocardial Infarction) at all of our facilities are getting TPA (tissue Plasminogen Activator) in the ED and rescue PCI (Percutaneous Coronary Intervention) at 60 minutes only if TPA fails."

The doctor is reporting that invasive cardiologists were choosing not to intervene in their typical fashion in patients showing signs of a heart attack because COVID infection is causing similar diagnostic test results.

The physician went on to edify the group about further diagnostic findings and then revealed another startling reality: Patients are getting discharged to home despite their need for supplemental oxygen — a clinical indicator that hospitalization is necessary.

They simply didn't have the resources to manage this crisis:

> "I had never discharged multifocal pneumonia before. Now I personally do it 12-15 times a shift. 2 weeks ago we were admitting anyone who needed supplemental oxygen. Now we are discharging with oxygen if the patient is comfortable and oxygenating above 92% on nasal cannula. We have contracted with a company that sends a paramedic to their home twice daily to check on them and record a pulse ox. We know many of these patients will bounce back but if it saves a bed for a day we have accomplished something. Obviously we are fearful some won't make it back.
>
> "We are a small community hospital. Our 22-bed ICU and now a 4-bed Endoscopy suite are all Covid 19. All of these patients are intubated except one. 75% of our floor beds have been cohorted into covid 19 wards and are full. We are averaging 4 rescue intubations a day on the floor. We now have 9 vented patients in our ER transferred down from the floor after intubation."

In my mind, this doctor is a hero, not only because of the commitment to treating a devastating disease under horrendous circumstances but because of the final advice offered:

> "I undress in the garage and go straight to the shower. My [spouse] and kids fled to [my in-laws home]. The stress and exposure at work coupled with the isolation at home is trying. But everyone is going through something right now. Everyone is scared; patients and employees. But we are the leaders of that emergency room. Be nice to your nurses and staff. Show by example how to tackle this crisis head on. Good luck to us all."

Most doctors at that time had little first-hand experience treating the devastating infection that was ravaging the globe. This report from the front lines was confirming their worst fears.

Young and old, healthy and infirm were showing up in emergency rooms and ending up on

ventilators. Hospital staff was getting overwhelmed. It was only a matter of time before this macabre scene would appear in their own emergency rooms and ICUs.

I have read through the rest of the details given. They were, for the most part, sound. Of course, there was no mention of early treatment for it was very early in the pandemic.

However many doctors still refuse to accept that this disease can be treated with remarkable success outside a hospital.

The controversy begins: Early treatment

In the summer of 2020, doctors began hearing of early and effective treatment for COVID patients.

One would think that when faced with a hopeless situation any potential treatment would be considered rigorously with an open mind.

That didn't happen, at least not in this large group of physicians.

Here's a post from July 2020 attacking America's Frontline Doctors, headed by ER physician and Stanford-educated attorney, Dr. Simone Gold:

> "Thoughts about how to combat the "America's frontline doctors" press conference video that has gone viral? Basically claiming that they are using hydroxychloroquine and zinc to cure and prevent COVID-19 and scientists are lying about it not working and not being safe.
>
> "At one point one of them said those of us not using it are like the 'good Nazis' who watched Jews die and didn't do anything. And said to stop telling them we need double-blind studies. They obviously have an agenda of their own and support reopening the country and schools because we have a 'cure.'"

This particular post is fascinating. America's Frontline Doctors was bringing light to the fact that they were having documented success in treating COVID cases though there were no double-blind studies to validate their protocol.

But why demand double-blind studies in the midst of a pandemic when there wasn't any treatment to begin with?

Members of America's Frontline Doctors were well-trained physicians like those in our social media group, but they had a remedy that was being ignored for no good reasons — especially given the plight that the country was in.

Why did they have to be "combatted?" They supported reopening the country and schools because a cure exists. Is this any evidence that they "have an agenda of their own?"

The physician group's members had much to say about this. Hundreds of comments were posted, and overwhelmingly the response was shock and fury.

Here are a few representative examples:

> "So frustrating. They lost me right at the beginning. None of them have masks."
>
> "It's really sad how easily propaganda thrives in our social media environment."

These first two comments reflect the majority opinion of our group of physicians. It must be propaganda, after all, what kind of doctor would appear in public without a mask?

This one was one of the most popular responses:

> "They need to be discredited. They're not acting responsibly. They are not advocating for a treatment that needs to be looked at legitimately. They're claiming to have a cure that is being denied from the general public by mainstream medicine and science. They are literally trying to discredit the rest of us."

This one received the most support from the group:

> "Nothing saddens me more than the willful dissemination of false information by our own. It's bad enough for the Limbaughs, Hannitys and Joneses to push this type of narrative, but it's unconscionable when a physician does it. The only recourse we have is to professionally tell the truth to our patients and our community and to report unethical physicians to their states' medical boards."

These comments did not cite any emerging medical opinion from other parts of the world or previous research that demonstrated hydroxychloroquine's (HCQ) antiviral properties against previous SARS coronaviruses.

Instead, suggestions that COVID-19 could be successfully treated were labeled "false information."

They were calling America's Frontline Doctors liars.

I was witnessing the emergence of an unthinkable attitude among medical professionals: Those who have differing opinions must be unethical and need to be reported:

> "How are these 'real doctors' not under board review for spreading such misinformation during a pandemic?? Has their board been notified?"
>
> "The Texas medical board should pull her license."
>
> "All of the physicians in the video who have active licenses should have them revoked. All of them need to be reported to their state board."

Note that the following doctor mistakenly believes HCQ requires "emergency use approval" (a term that does not exist) in order for a physician to prescribe it for COVID-19:

> "Inform their state's medical board. HCQ emergency use approval for COVID has been revoked."

In just a few short months, doctors' attitudes toward data and each other radically changed. A group of physicians who found a potential cure for a disease ravaging the world was being attacked by other doctors.

There was no sanctioned treatment at the time. Why would the possibility of a cure be anathema to physicians themselves?

Moreover, doctors know full well the immense personal sacrifices required to obtain a license to practice medicine. What kind of treachery would justify immediate revocation of a medical license? The off-label use of a generic drug to cure a potentially lethal infection?

Of the hundreds of comments this topic drew, the overwhelming majority shamed Dr. Gold and her team. Only a handful of physicians chose to cite data that supported the use of HCQ as an early treatment for COVID.

None of them received any broad support.

Here's one that received a modicum of attention:

> "Hydroxychloroquine has not been shown to have adverse effects at the doses they are using. There are many treatments that were initially mentioned at the start of the pandemic as being harmful, that are now beneficial… such as high-dose steroids. I think we should be open-minded about treatments for covid. These physicians have found that Hydroxychloroquine and zinc have worked for numerous patients. We cannot discount this information."

But by and large the group continued to regard America's Front Line Doctors as "fringe" and misinformed:

> "There are all sorts of legitimate MD's with fringe views or who can't read or interpret updates on hcq. Even in these groups how many times do we keep bringing up hcq already still?"

The following response came quickly but was not acknowledged. In it, the physician sheds light on an important point: Not every doctor believes that early treatment with HCQ is crazy.

This was one of the first clues there may have been a quiet minority that sided with Dr. Gold.

> "I don't think it's as fringe as you think. I think we're divided at a rate closer to the general public than we'd like to think."

Nonetheless, another member summarized the situation differently. Notice the extreme language used:

> "We have entered a new era of being a physician. Integrity and compassion have been replaced by financial gain and fame as worthwhile traits to be pursued. I know it has always been the case in a minority, and maybe it is just that the minority now not only have a platform but a cause.
>
> "But by doing this they are undermining the rest of us who are trying our best to help people who are desperate and now are looking at those of us using the latest research and best practices like we are just wanting people to die to achieve some agenda. It is sickening, disgusting what these others are doing. And state medical boards are afraid to do anything about it."

Only four months into the pandemic many doctors in this private group seemed to have largely abandoned their logic and curiosity. Apparently having a treatment "undermines" those who had nothing to offer people who were dying.

We must remember these comments were made in July 2020, before there was a vaccine available. There were no sanctioned options at the time — yet any doctor who suggested there were options became a pariah.

How could so many trained medical professionals unite in a mission to excise dissenters, abandon open inquiry and devolve into what might be best described as tribalism?

Could it be that the idea that a commonly used generic drug and an over-the-counter dietary supplement might actually be a life-saving, pandemic-ending solution was too outlandish to be true?

There was another possible reason. Most physicians were aware that Pharma giants were working at a feverish pace to formulate a COVID vaccine to save humanity, yet few knew that in order to receive FDA Emergency Use Authorization (and the relaxed standards for evidence of safety that come with it) there must be an emergency AND there must not be any effective, alternative treatment available.

If HCQ were acknowledged as an effective therapy, neither stipulation would have been satisfied. Dr. Gold became the target of a relentless media attack while Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, stubbornly refused to budge unless a randomized double-blinded trial proving that HCQ was effective against SARS-COV2 was published and peer-reviewed.

Mainstream medicine had been hoodwinked by a smear campaign that targeted some of their own.

We have a vaccine!

I joined the group shortly after the vaccine rollout in the United States. I wanted to know what doctors were saying about all of the exuberance around this rapidly developed and even more rapidly tested product.

Why was everyone so confident the vaccines were going to work and pose little risk?

Trial participants were monitored for only a few weeks after their second dose and there were no COVID deaths in either wing of the trial.

There were only a handful of severe COVID infections, making it impossible to draw any robust conclusions about efficacy.

How would we know they were safe if adverse events were passively reported for only a few weeks?

Although there seemed to be an impressive, almost difficult to accept, reduction in relative risk, there was only a tiny reduction in absolute risk of severe COVID. How could we even calculate a risk-benefit ratio?

The trial data didn't warrant a rapid vaccination campaign on hundreds of millions of people, did it?

Not surprisingly the many doctors in the group had questions similar to these:

> "My grandfather is 90 with heart disease. Vaccinate or wait?"
>
> "Have a patient with lupus and a history of anaphylaxis with flu vaccines. What do people recommend?"
>
> "Cancer patient, immunosuppressed on dialysis. Vaccinate?"

I certainly didn't know the answer to these questions, but who did? The trial participants were relatively young and healthy.

Apparently having no relevant data from the trials didn't stop doctors from opining, often with confidence, on these matters. The near-universal opinion was to vaccinate, vaccinate and vaccinate.

But why? Answer: Because COVID is horrible. This seemed to be a good enough reason for most group members.

Another line of attack was forming. This time it was against hesitance around COVID vaccines.

Any cautionary positions brought immediate suspicion. What if a doctor told patients to wait until we know more? People might worry the vaccines weren't safe.

But what if they weren't?!

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Debunking 'misinformation'?

Several months later, a new topic predictably emerged: Vaccine adverse events.

Early on, however, there was little acknowledgment of potentially severe adverse events. Instead, this phenomenon was considered no more than a myth.

In this post, a member of the group is looking for advice on how to respond to a growing sentiment of public distrust of COVID vaccines. The member shares this public statement coming from a parent who voiced concerns on a different platform:

> "How do we combat statements like this:
>
> > "My daughter was vaccine injured at 18 months. There is no way in hell I'm allowing a drug that has no long-term studies & may cause sterilization to enter her body. You trust the FDA? You trust pharmaceutical companies who are racing to produce a drug that will make them billions $$$ in a matter of months? You trust your children's health to the FDA who approved Agent Orange, GMO's, mercury in flu vaccines, Gardasil which causes death & severe neurological damage, the same FDA that allows pesticides that cause cancer in your foods. I'd rather get CoVid & maybe it will be cold or flu like maybe it won't. I'll take my chances. Wear a mask sanitizer & keep doing as we have been."

The group had responses that expressed frustration and absolute confidence this person's attitude was born of ignorance and paranoia.

> "People blame vaccines for all sorts of health issues, especially for kids. It's incredible the lack of causation."
>
> "I honestly don't have time for this in the ED. People have the right to be stupid, and I'm not going to break a mental construct in 10 or 15 min. We can only present the facts as they are available, render a medical opinion, and let them decide what to do. If people want to play Russian Roulette with their health/COVID/vaccine, its not really much different than drinking, drug use and promiscuous unprotected sex. We in the ED will always be there to try and pick up the pieces of their shattered lives when they come crawling to us in desperation later."
>
> "I'm sick of playing along and being "nice" with the antivaxxer rhetoric of paralyzing uncertainty."
>
> "When debating on social media, I think you have to keep in mind that you're playing for the audience. For every idiot being vocal about this, there are ten others lurking and

> reading and trying to decide what to think. If you engage calmly and reasonably, cite evidence, and make it clear which side of the debate has the smart people and the evidence, and which side has the lunatics and the conspiracy theories, you can keep undecided folks from drifting info further nonsense.
>
> "As to this specific post, it's difficult to argue with because they are using a Gish Gallop (throwing out so many arguments that it's simply too much effort to counter all of them, even if the individual arguments are weak). If there's a specific point they're focused on, debate that as best as you can. Keep in mind that there are skeptics and science communicators that spend a lot of time debunking this, and sharing their articles can save you the trouble of doing so yourself. Good luck! The misinformation is horrible."

In the following response, a doctor offers some peculiar advice: Stay-up to-date on "misinformation." That's an interesting departure from what doctors are trained to do: Be familiar with information.

How does someone stay up-to-date on misinformation? See the comment:

> "The best way to combat all of the fears about the covid-19 vaccine is to stay up-to-date on all of the misinformation. Have ready answers for their fears and your patients will be more confident. https://vaxopedia.org/…/the-truth-about-covid-19-vaccines/"

Vaxopedia is an online site, run by a physician, that offers dozens of references that "debunk" vaccine concerns. Nearly every source cited on the webpage is a "fact check" or mainstream media source like Reuters.

No physician in the group pointed out the gross double standards with regard to evidence. Observational studies and randomized trials that demonstrated significant efficacy of repurposed drugs like HCQ and ivermectin were dismissed, yet a lone doctor's website that quoted mainstream media was held in high regard.

However, I noticed a discernible shift happening in the group. Other doctors had started to back a more moderate stance, asking questions and granting some legitimacy to vaccine concerns of the "lunatics" and "stupid conspiracy theorists:"

> "So, I'm not anti vaxx, and definitely playing devil's advocate, but are any of her statements made about what the FDA has let and continues to let pass incorrect?"
>
> "Questioning motives in capitalist democracy does not make you a heretic."
>
> "These are the beliefs of a lot of people and their fears are valid. Pharmaceutical Companies did race for-profit and a lot of people are getting rich off of this Vaccine, i.e. the stock prices of those companies and those that had insider trading knowledge and made millions. Monsanto was approved to manufacture Agent Orange as well as pesticides and GMO seeds. Obama signed the Monsanto Protection Act that relieves Monsanto from any legal recourse for harming people with their product. Blacks were injected with syphilis for

> over 30 years as a government experiment."
>
> "As healthcare professionals, we can't be dismissive of these fears. We have to educate and gain trust back."

One doctor even hints at being unvaccinated:

> "I think we can choose to not fall into false dichotomy and have both vaccines and extreme oversight into how they're formulated. So many things have been unleashed on the public and then been proven to be extreme health hazards. I'd rather wear a mask for the rest of my life than pay a pharmaceutical company to use me as living data collection."

Myths become facts

Just two months into the vaccine roll-out in the U.S., a doctor in the group posted this startling anecdote:

> "Just saw a patient, an RN, who received 2nd dose of Pfizer vaccine 3 days ago and that evening started experiencing dizziness, loss of balance and double vision which continues through today.
>
> "Her husband also has reactivation of his trigeminal neuralgia after receiving 1st dose of Moderna."

The doctor who posted this report is concerned because the patient is an RN (Registered Nurse and thus credible in their eyes) and has a spouse that also suffered neurological symptoms after vaccination.

How could this be a coincidence? The doctor queries the group for any similar anecdotes.

Remarkably a flood of adverse event reports ensued, some minor and others crippling.

Dozens of doctors reported that they themselves or their patients were suffering similar issues (I will list only a few here):

> "I never had any underlying disorder but started a new lower lip twitch 2 days after 2nd dose of Pfizer. I'm almost 4 weeks out and still feel it intermittently. I never ever felt that before the vaccine. Some may not think related but I absolutely do."
>
> "After hours of a HR (Heart Rate) of 120-130s I was exhausted. Supposed to have my 2nd this week."
>
> "Has anyone seen slurred speech and word finding 24hrs after Pfizer dose. Went to ER, no stroke. Dx (Diagnosed with a) migraine. Now 4 days with same symptoms. Pt had COVID-19 in July 2020."
>
> "I had bilateral paresthesias of feet and hands one week after the moderna shot 1."

> "Saw a XX yo male who had a petit mal seizure 2 weeks after first dose of Pfizer and no other changes whatsoever in routine or diet or exposures or meds/supplements."

> "Had two days of the reactivation of the thoracic shingles neuralgia I had three years ago."

> "Have a patient who developed neuralgia at the thoracic region the next day after receiving 1st moderna vaccine. Suspected shingles but no rash has appeared and has followed 1 dermatome. Now they are 2wks out and still having the pain."

> "Had my first dose of Moderna 1/9. Had HA (Headache) and fatigue x 7 days. Had reemergence of trigeminal neuralgia since then. In remission 4 months after battling x 2 years. Consulted rheum about 2nd dose. They said to go ahead. I'm due Saturday. This post makes me want to not get it."

> "I personally had dizziness, loss of balance, and double vision with both my shots, worse with the second within 20 minutes of the vaccine."

> "I have had multiple pts with migraine."

> "One hemorrhagic stroke."

> "Local physician died (hospitalized with in a few days and never left alive,) Myocarditis and another with pericarditis and pleural effusion … My list goes on … and yes I have reported to VAERS it is time consuming and not purely passive as they also have contacted me on cases."

> "I had neuropathy of my hands and feet from one moderna vaccine in January."

> "In the past 3 days, 4 patients post J&J with neuro symptoms. 3 LOC (loss of consciousness) and AMS (altered mental status). One with bilateral LE (lower extremity) weakness and discoordination going to higher level of care for further eval."

> "Post Vaccine HSV1 (Herpes Simplex Virus) encephalitis. Pt had no history of HSV1 and 2."

> "I've seen a lot of reports of rashes, hives, tachycardia, stroke-like symptoms, dizziness, and in one case SVT (Supraventricular Tachycardia) after vaccination. I wish we could get better real-time data."

This doctor reminds everyone to report to the Vaccine Adverse Event Reporting System (VAERS):

> "For everyone who has had a notable reaction to a vaccine, please report to FDA to help build the database. https://www.fda.gov/…/vaccine-adverse-event-reporting …"

Another doctor takes the time to reflect on how little is known about mRNA vaccines, the puzzling recommendation of the American College of Obstetrics and Gynecology (ACOG) to vaccinate the pregnant and how little is really known about these vaccines and how they work.

Furthermore, the doctor presciently reminds others of the potential danger of spike proteins and examples of how some vaccines have been deleterious:

> "So everyone will have to help me out as I am very concerned about mRNA vaccines, specifically this one.
>
> "I have seen a fair amount of reports regarding Neuro side effects, trigeminal neuralgia, transverse myelitis, shingles, etc.
>
> "The way I understand it, the mRNA manipulates the ribosomes to encode the COVID spike protein which in turn is released throughout the body. At which point our own immune system develops antibodies to the spike protein. So we essentially are immunizing against the proteins of the virus.
>
> "So we are filling the body with spike proteins. From what we know about COVID, MIS-C (multisystem inflammatory syndrome in children) and breakdown of the blood-brain barrier causing neurological symptoms; encephalitis from COVID are HIGHLY suspected to be caused from the spike proteins themselves.
>
> "We do not know what long-term effects on the neurological system can be caused by these spike proteins, is there a correlation in the neurological symptoms and the spike protein which has been shown to be the cause of inflammatory response to the endothelial cells of the blood-brain barrier.
>
> "Is this going to result in permanent demyelination of neurons or other neurological events?
>
> "We do not know but there obviously have been some neurological side effects from the vaccine.
>
> "ACOG states that the vaccination should not be withheld from pregnant women. We have no idea if there will be teratogenic effects on a fetus. Too early for that information.
>
> "If mRNA vaccine technology has been around for a long time and has been researched in many diseases, why have we not seen any in stage 3 or 4 trials as of yet?
>
> "We do not know long-term effects yet. We seem to have forgotten Rotashield.
>
> "That vaccine was not pulled out until it has been administered for over a year because it took that long to recognize its adverse effects.
>
> "The initial vaccine for Anthrax, initially given during Desert Storm has been highly suspected as a cause of a spike in cases of multiple sclerosis.
>
> "Now I am the farthest from an anti-vaccine and lecture on the need for immunizations and have seen the effects of unvaccinated children.

> "While I do not dismiss the COVID deaths, this virus still only has a mortality rate of around only 1.7%. Vast Majority of those >65 years old.
>
> "443k deaths 26million cases.
>
> "Around 600 total deaths under 25 in the nation!
>
> "Vaccinate over 60 years old, those with Comorbidities etc.
>
> "My question is do we really have enough information to properly educate our patients about this vaccine. Seems to me we have gone away from evidence-based medicine and are pushing theory.
>
> "But you say that we have been researching mRNA vaccines for years, then why have we not used them yet and how did they cram decades' worth of research into 6-12 months??"

Scores of doctors were reporting vaccine injuries since the inception of the massive vaccination campaign. None were being publicly acknowledged.

The following response attempts to rationalize a hush-hush attitude by explaining the disease is "likely" worse than the treatment. This opinion is not based on any data. but echoes a clear bias held by the medical establishment:

> "So I guess what I'm saying is, pick your poison. This patient likely would have had worse outcomes if they had the virus. Who knows?"

Who knows indeed. Despite the dozens of documented adverse events coming from the group, this next doctor still urges a unified voice around "the science:"

> "Big picture:
> Confirmed US deaths from COVID: >441K
> Confirmed US deaths from COVID vaccine: 0
> For people wanting to wait or saying "pick your poison" when it comes to COVID vs vaccine, I sincerely hope you aren't saying these things to your patients. The science on this is quite clear and the medical community must speak with one voice. We believe in science, we believe in evidence and we have faith in the data."

The key word in the above comment is "Confirmed." How were COVID deaths being confirmed exactly?

Throughout the pandemic all that was needed to log a "confirmed" COVID death was a positive PCR test.

Deaths following a vaccination require a full autopsy to confirm causation, and none were being conducted at that time.

The double standard with regard to proof undeniably led to an exaggeration of COVID deaths

and the suppression of vaccine deaths. No doctor was willing to point this out.

Vaccinate children?

By the autumn of 2021, the FDA had granted EUA for Pfizer's vaccine in 12- to 17-year-old adolescents.

The social media group now was faced with another challenge: How would they respond to one of their own who had a child that suffered an adverse event from these inoculations?

> "My son who is XX y old had an adverse reaction the day after his 2nd Pfizer vaccine. I reported it directly to the Pfizer database (I guess they are collecting their own adverse event database), and the local children's hospital cardiologist who oversaw my child's case asked my permission today, so he can make an official report to VAERS."

This report drew relatively few responses from the group. Of the few, most expressed compassion. One doctor thought it was irresponsible to not include more details about the child in such a forum.

A few weeks later another member brought up another issue: Pfizer's adolescent trial was not powered to be able to detect serious adverse events. Finally, someone else was voicing my own concerns:

> "We want to get our kiddo vaccinated but are wondering if anyone is anxious about the relatively low sample study size for this group?
>
> "Anyone considering waiting for a few weeks for more data to come out?"

Response:

> "[I am a pediatric immunologist] No concerns. Everything is a risk, to me not vaccinating my kids is a greater risk than vaccinating."

The pediatric immunologist's opinion was that COVID posed a greater risk to their children than any vaccine danger. But how did this specialist know?

They couldn't. The central issue was that the trial was too small to quantify or even detect the risk.

Nevertheless, the comment received no direct criticism.

The next opinion was cautionary. Here the physician states the uncontested facts from the trial: The study was too small to detect the risk of myocarditis. No child in the study developed any severe disease, hence it was impossible to calculate what the vaccine's efficacy was in preventing severe symptoms, if there were one.

Furthermore, the trial showed no benefit from the vaccine for children who had COVID and

recovered.

Eyes were not completely blind to what was unfolding in front of them. This comment received the second-most support of any others on the topic:

> "I'm in the minority on this board. I'm waiting on my 8 year old. Cases of COVID were mild in placebo and vaccine arms, no cases of severe disease/hospitalization/MISC in either arm. No examination of preventing asymptomatic disease. At this point, until there is data that the reduced dose used in the trial actually does something to reduce severity of disease in an age group where 50% have asymptomatic disease, I'm holding off. CDC estimates 40% of kids in this age group already had COVID — zero kids in either arm with evidence of prior COVID got symptomatic disease in this study. Also study size too small to detect the only concerning side effect out there for me — myocarditis."

However, the most appreciated analysis came from a pediatric cardiologist who, it turns out, had enrolled his even younger children in one of the trials. This doctor explained that he regularly see kids who are suffering from heart issues from COVID:

> "My X year old and Y year old are vaccinated (from the trial). No concerns. As a pediatric cardiologist, I am much more concerned about the long-term cardiac effects from Covid which I am routinely seeing in children even when they have an asymptomatic or a very mild/short-lived course."

The opinion of the pediatric heart specialist carried a lot of weight because he was also considered an expert on the topic.

Interestingly, the doctor did not quote statistics or trial data, only his experience to date, i.e., anecdotal evidence. Expert opinion and anecdotal evidence are considered to be the least robust in science.

Still, this was a step up from the immunologist who offered no more than platitudes like "everything is a risk."

Finally, this comment:

> "I vaccinated two of mine yesterday with joy. I am worried that this question is being asked over and over in a physician group. I can't imagine the hesitancy in the general population. no concerns at all !!safe vaccine Bad disease … it's as simple as that."

This last comment is telling. The physician is worried that too many physicians have questions about the vaccine's safety in children, especially around myocarditis.

This means the public will be even more hesitant.

But under what circumstances would a doctor worry that their own colleagues are expressing concern that a treatment that has not been tested adequately may not be safe? Isn't that what

doctors are supposed to do?

The doctor quoted above believes that a simplistic approach to a complicated situation would not only suffice, but it would also be more prudent. Her comment says it all: "Safe vaccine. Bad disease."

We see the essence of the mantra that had been repeated from all mainstream media reflected in her comment. COVID is bad, ergo, the vaccine must be good. Although she doesn't express conditionality here, it exists implicitly in many minds, perhaps in hers as well.

We may excuse the layperson for adopting a black or white perspective of a picture with many shades of gray but a physician?

Though the disease may be bad, it does not necessarily mean the treatment is safe. One doesn't have to go to medical school to understand this.

Summary

Several times over the course of the last 22 months the group's administrators were forced to issue statements reminding members to be polite and refrain from derogatory language and personal attacks.

Why was this necessary? We were all professionals. We had common goals. We all had taken the same oath.

Why were doctors condemning physicians who held different perspectives and not the perspectives themselves? There wasn't any room for a second opinion in medicine anymore.

I recently reached out to the specialist who invited me to the group in 2020. I asked her for her general impression of the nature of the exchanges there. She responded flatly, "I don't read or participate in that forum anymore. It's become an echo chamber."

She was right. But it didn't start that way. It became an echo chamber because dissenting opinions were either not supported or attacked. When only one side feels comfortable (and safe) to speak out, it becomes impossible to estimate the popularity of contrarian stances.

I believe there is a growing silent minority in the medical community. Efforts to squelch dissenting opinions using tactics like medical licensure revocation may have silenced this minority but also strengthened it.

We will know how large this minority is only if and when they choose to speak up.

However last week the U.S. Surgeon General, Dr. Vivek Murthy, issued a request to major tech platforms to submit the scale of COVID misinformation on their sites to his office, including its major sources.

With this formal announcement of a government-sanctioned witch hunt, we may never learn

how big the silent minority is.

What would it mean if the silent minority turns out to be a silent majority?

Murthy's "request" extended beyond tech platforms, social networks and messaging systems. According to the New York Times, the surgeon general called on healthcare providers and the public to submit information about how COVID misinformation has negatively influenced patients and communities. He said:

> "We're asking anyone with relevant insights — from original research and data sets to personal stories that speak to the role of misinformation in public health — to share them with us."

My efforts to protect the identity of the commenters I quoted may ultimately have been in vain.

Public opinion around our pandemic response, polarized by rhetoric and now explicit demands from our government, has become binary: "You are either with us or against us."

These kinds of overgeneralizations handed down by authorities in times of imminent peril are usually effective in unifying the public around a common goal and strategy.

They also cause unavoidable collateral damage by destroying inquiry and discussion.

I never expected this sentiment to penetrate the psyche of medical professionals. After all, we as physicians are constantly dealing with uncertainty.

Human physiology is elegant and still largely mysterious. This is why, despite all of our 21st-century medicines and interventions, we as physicians have not been able to expand our vow beyond "primum non nocere," or "first do no harm."

We cannot promise everyone a long, healthy life. We cannot promise a cure for many a disease.

We promise to do no harm. That is still the most we can commit to.

Are doctors being pressured to break that promise, too?

SUGGEST A CORRECTION

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Sign up for free news and updates from Robert F. Kennedy, Jr. and the Children's Health Defense. CHD is planning many strategies, including legal, in an effort to defend the health of

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